



## 2017-2018 Youth Arts Student Information and Participation Agreement

Students are required to fill out the Student Information and Participation Agreement and submit prior to their first Youth Arts experience. The Student Information and Participation Agreement can be filled out electronically but must include pen signatures. Completed forms can be dropped off, mailed, or scanned and emailed. Once we have student's information on file, this packet will only need to be resubmitted at the beginning of each school year in September. However, if any information changes mid-year, please resubmit forms. Mailed forms should be sent to NHIA, 148 Concord Street, Manchester, NH 03103 or emailed to Jaclynn Hart, Director of Youth Arts at [jaclynnhart@nhia.edu](mailto:jaclynnhart@nhia.edu).

### STUDENT INFORMATION

Student Name		Nickname	
School Attending	Graduation Year	Age	Date of Birth
Race/ Ethnicity (optional)			
Asian/Pacific Islander	Black or African American	Caucasian	Hispanic or Latino
Multiracial/Mixed Heritage	Native American	Other _____	
Primary Language(s) Spoken at Home			

### STUDENT DIETARY RESTRICTIONS AND MEDICAL INFORMATION

Food allergies along with severity of allergy and/or required food accommodations (vegetarian, vegan, etc.).
Other allergies (i.e. bee stings, latex, etc.).
Medical conditions or required health accommodations (i.e. asthma, etc.).
Medications student takes regularly.
Anything else we should know?
Date of last tetanus booster

### EMERGENCY CONTACT

Full Name of Primary Contact		Relationship to Student	
Home #	Cell #	Work #	
Primary Email		Best Way to be Reached	

**In case the primary contact cannot be reached, please list any adults that may be contacted in an emergency.**

Name	Relationship to Student	Phone
Name	Relationship to Student	Phone

**If the primary contact or other parties listed above cannot be reached, I authorize NHIA to make whatever arrangements are necessary for my student to receive necessary medical care. This authorization includes any medical personnel or facilities involved in needed emergency care.**

YES       NO



2018 GENERAL POLICIES AGREEMENT

Click Here to read the 2018 Youth Arts GENERAL POLICIES prior to signing.

Check one to indicate Media permission:

I authorize, New Hampshire Institute of Art permission to use images of my student participating in a Youth Arts program AND my student's art work created during the program for purposes of presentations, social media, and printed/digital materials to promote NHIA Youth Arts.

I authorize, New Hampshire Institute of Art permission to use images ONLY of my student participating in a Youth Arts program but NOT their completed artwork for purposes of presentations, social media, and printed/digital materials to promote NHIA Youth Arts.

I authorize, New Hampshire Institute of Art permission to use images ONLY of my student's artwork created during the Youth Arts program but NOT of my student for purposes of presentations, social media, and printed/digital materials to promote the NHIA Youth Arts.

I DO NOT give the New Hampshire Institute of Art permission to use images of my student's artwork or student for purpose of presentations and printed/digital materials for NHIA Youth Arts.

I acknowledge that I have read the Youth Arts GENERAL POLICIES and understand and accept its terms, not following to do so could be grounds for dismissal.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Student's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## Tell Us About Yourself!

1. Who or what inspires you as an artist?
2. My favorite mediums currently are...
3. The mediums and materials I'm currently most confident using are...
4. I want to learn more about...
5. One thing I want to improve artistically....
6. Share at least one fun fact about yourself. It can be a strange favorite food, a skill you have or something that makes you laugh. Anything!
7. Anything else you'd like us to know about you?

8. How'd you hear about us? Check all that apply.

Art Teacher

Boys & Girls Club

Facebook

Flyer

Google

Instagram

NHIA Website

Word of Mouth

Other \_\_\_\_\_



**ONLY REQUIRED FOR STUDENTS WALKING HOME FROM NHIA YOUTH ARTS**

**NEW HAMPSHIRE INSTITUTE OF ART YOUTH ARTS  
MINOR WALKING HOME CONSENT, RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION  
OF RISKS AND IMDEMNITY AGREEMENT**

**CONSENT**

I authorize and give consent to New Hampshire Institute of Art (NHIA) Youth Arts to release my child from Youth Arts programming without parental supervision and hereby consent, acknowledge and allow my child to walk home from Youth Arts programming without parental or NHIA Youth Arts supervision.

**RELEASE and WAIVER OF CLAIMS**

I, individually and/or on behalf of my child, hereby release and hold NHIA Youth Arts and their officers, trustees, employees, directors, volunteers, and/or others acting on their behalf harmless from negligence and any and all claims that I or my child may have arising from walking home from Youth Arts programming.

**ASSUMPTION OF RISK**

I, individually and/or on behalf of any minor child, expressly and specifically assume any and all risk of injury, illness, death, or property damage resulting from allowing my child to walk home from NHIA Youth Arts programming.

**YOU ASSUME THE RISKS**

I, individually and on behalf of my minor child, understand that walking home unsupervised may be dangerous. **Once you sign, you are saying that you understand the risks involved and accept all of the risks.**

**INDEMNIFICATION**

I, individually and on behalf of my minor child shall hereby defend and indemnify NHIA Youth Arts and their officers, trustees, employees, directors, volunteers, and/or others acting on their behalf from any and all claims arising from allowing my child to walk home from NHIA Youth Arts programming.

**DURATION**

This release will remain in effect for school-year 2017-2018 and I agree that I will notify NHIA Youth Arts in writing if I choose to revoke this authorization.

**Indicate the Youth Arts program you give your student permission to walk home from (check all that apply).**

<input type="checkbox"/>	ARTLAB AfterSchool	Program Hours: 3:30pm – 6:30pm
<input type="checkbox"/>	CoLAB	Program Hours: 5:00pm – 9:30pm
<input type="checkbox"/>	Evening Classes	Program Hours: 6:00pm – 8:00pm
<input type="checkbox"/>	Weekend Workshops	Program Hours: 10:00pm – 3:00pm
<input type="checkbox"/>	Summer Sessions	Program Hours: 8:30am – 5:00pm

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Student's Address

\_\_\_\_\_  
Comments (please note if you only agree to specific dates)

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date